



# Adult Softball Final Roster

Players must fill out ALL information

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Day/League

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Team Name

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Manager Signature

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Date

- Final Roster will not be accepted with less than 10 names.
- Roster max of 25 players.
- No player changes within last two games of the season.
- Players must fill out fully

I, the undersigned player, acknowledge, agree and understand that: 1. Voluntarily and of my own free will, I elect to participate as a member of the softball team and league indicated above. 2. I understand that there are certain risks and hazards involved in participating in softball that may result in injury or death to me or other players, including but not limited to those hazards associated with weather conditions, playing conditions, equipment and other participants. 3. I understand that sliding into base is dangerous to me and to other players and may result in serious injury or death. 4. I understand that the very nature of the game of softball is hazardous and risky, including, but not limited to, the acts of pitching, throwing, fielding, and catching of the ball, the swinging of the bat, running, jumping, stretching, sliding, diving, and collisions with other players and with stationary objects, all of which can cause serious injury or death to me and to other players. 5. In the event of such an injury to myself or my child and I or my spouse cannot be contacted, I give permission to the attending physician to render such treatment as would be normal and agree to pay the usual charges for such treatment.

Further, I the undersigned player, agree that in consideration for the right to play as a member of the team designated above and in consideration for permission to play on the fields arranged for by the team or league: 1. I voluntarily elect to accept and assume all risks of injury incurred or suffered by me (a) while practicing or playing as a member of the team so designated, (b) while serving in a non-playing capacity as a team member during practice or play by other teams or by other players on my team, and (c) while on or upon the premises of any and all of the fields arranged or by my team or league for practice or play. 2. I release, discharge, and agree not to sue the team and league designated above, the City or Bloomington or other entity designated above, USA Softball, USA Softball of Indiana, or their owners, officers, agents, servants, associations, employees, or any person or entity connected with the team, league, field or the City of Bloomington, USA Softball or USA Softball of Indiana for any claim, damages, costs or cause of action which I have or may in the future have as a result of injuries or damages sustained or incurred by me from whatever cause including but not limited to the negligence, breach of contract or wrongful conduct of the parties hereby release.



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	Day/League	Team Name	
	Player 1	Player 2	Player 3
Name			
City, State, Zip			
Cell Phone			
Daytime Phone			
Date of Birth			
Signature			
	Player 4	Player 5	Player 6
Name			
City, State, Zip			
Cell Phone			
Daytime Phone			
Date of Birth			
Signature			
	Player 7	Player 8	Player 9
Name			
City, State, Zip			
Cell Phone			
Daytime Phone			
Date of Birth			
Signature			



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	Day/League	Team Name	
	Player 10	Player 11	Player 12
Name			
City, State, Zip			
Cell Phone			
Daytime Phone			
Date of Birth			
Signature			
	Player 13	Player 14	Player 15
Name			
City, State, Zip			
Cell Phone			
Daytime Phone			
Date of Birth			
Signature			
	Player 16	Player 17	Player 18
Name			
City, State, Zip			
Cell Phone			
Daytime Phone			
Date of Birth			
Signature			



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Players must fill out ALL information

	Day/League	Team Name	
	Player 19	Player 20	Player 21
Name			
Address			
Cell Phone			
Daytime Phone			
Date of Birth			
Signature			
	Player 22	Player 23	Player 24
Name			
Address			
Cell Phone			
Daytime Phone			
Date of Birth			
Signature			
	Player 25		
Name			
Address			
Cell Phone			
Daytime Phone			
Date of Birth			
Signature			